

**FEC  
FORM 3P**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE  
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

RECEIVED  
FEC MAIL CENTER

Office Use Only

2015 JUL 28 AM 9:27

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

COMMITTEE TO ELECT CHARLES P ANDREWS III

ADDRESS (number and street))

PO Box 221

Check if different  
than previously  
reported. (ACC)

GARDNER

CITY

KS

STATE

66030

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00570358

3. THIS REPORT IS FOR Primary ☒ or General ☐

4. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER) ☐

Quarterly Reports:

Monthly Reports:

☐ April 15 (Q1) ☐ October 15 (Q3)  
☒ July 15 (Q2) ☐ January 31 Year-End Report (YE)

☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

☐ Thirtieth day report following the General Election  
on ☐ / ☐ / ☐

☐ Twelfth day report preceding ☐ election  
on ☐ / ☐ / ☐ in the State of ☐

Is this Report an Amendment?

☐ yes ☒ no

5. Covering Period

01 / 01 / 2015

through

06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

LONNIE R. COX

Signature of Treasurer

*Lonnie R. Cox*

Date

07 / 13 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.  
All previous versions of this form are obsolete and should no longer be used.

Office  
Use  
Only

Write or Type Committee Name

COMMITTEE TO ELECT CHARLES P. ANDREWS III

Report Covering the Period:

From:

01 / 01 / 2015

To:

06 / 30 / 2015

## SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD ..... 1,000.00

7. TOTAL RECEIPTS THIS PERIOD  
(From Line 22, Column A, Page 3) ..... 00

8. SUBTOTAL  
(Lines 6 and 7) ..... 1,000.00

9. TOTAL DISBURSEMENTS THIS PERIOD  
(From Line 30, Column A, Page 2) ..... 00

10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD  
(Subtract Line 9 from 8) ..... 1,000.00

11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE  
(Itemize All on Schedule C-P or Schedule D-P) ..... 00

12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE  
(Itemize All on Schedule C-P or Schedule D-P) ..... 00

13. EXPENDITURES SUBJECT TO LIMITATION ..... 00

## NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans)  
(Subtract Line 28d, Column B from 17e, Column B, Page 2) ..... 1,000.00

15. NET OPERATING EXPENDITURES  
(Subtract Line 20a, Column B from 23, Column B, Page 2) ..... 00

NOTED ON 12-01-2015

# DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Receipts

Page 3

NAME OF COMMITTEE (in Full)

COMMITTEE TO ELECT CHARLES P ANDREWS III

Report Covering the Period:

From:

01 / 01 / 2015

To:

06 / 30 / 2015

## I. RECEIPTS

COLUMN A  
Total This Period

COLUMN B  
Election Cycle-to-Date

16. FEDERAL FUNDS (Itemize on Schedule A-P)

17. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) itemized

(ii) unitemized

(iii) Total contributions

(b) Political Party Committees

(c) Other Political Committees

(d) The Candidate

(e) TOTAL CONTRIBUTIONS (other than loans)  
(Add 17(a), 17(b), 17(c) and 17(d))

18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

19. LOANS RECEIVED:

(a) Loans Received From or Guaranteed by Candidate

(b) Other Loans

(c) TOTAL LOANS (Add 19(a) and 19(b))

20. OFFSETS TO EXPENDITURES

(Refunds, Rebates, etc.):

(a) Operating

(b) Fundraising

(c) Legal and Accounting

(d) TOTAL OFFSETS TO EXPENDITURES  
(Add 20(a), 20(b) and 20(c))

21. OTHER RECEIPTS (Dividends, Interest, etc.)

22. TOTAL RECEIPTS

(Add 16, 17(e), 18, 19(c), 20(d) and 21)

- 0 -

- 0 -

- 0 -

1000.00

- 0 -

- 0 -

- 0 -

1000.00

- 0 -

- 0 -

- 0 -

1000.00

- 0 -

1000.00

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1000.00

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1000.00

# **DETAILED SUMMARY PAGE** of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

COMMITTEE TO ELECT CHARLES P. ANDREWS, III

Report Covering the Period:

From:

01 / 01 / 2015

To:

06 / 30 / 2015

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

|   |       |       |
|---|-------|-------|
| 23. OPERATING EXPENDITURES.....   | - 0 - | - 0 - |
| 24. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES.....                      | - 0 - | - 0 - |
| 25. FUNDRAISING DISBURSEMENTS.....  | - 0 - | - 0 - |
| 26. EXEMPT LEGAL AND<br>ACCOUNTING DISBURSEMENTS.....                     | - 0 - | - 0 - |
| 27. LOAN REPAYMENTS MADE:   |       |       |
| (a) Repayments of Loans made or Guaranteed<br>by Candidate.....           | - 0 - | - 0 - |
| (b) Other Repayments.....   | - 0 - | - 0 - |
| (c) TOTAL LOAN REPAYMENTS MADE<br>(Add 27(a) and 27(b)).....              | - 0 - | - 0 - |
| 28. REFUNDS OF CONTRIBUTIONS TO:  |       |       |
| (a) Individuals/Persons Other Than Political<br>Committees.....           | - 0 - | - 0 - |
| (b) Political Party Committees.....                                       | - 0 - | - 0 - |
| (c) Other Political Committees.....                                       | - 0 - | - 0 - |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(Add 28(a), 28(b) and 28(c)).....       | - 0 - | - 0 - |
| 29. OTHER DISBURSEMENTS.....  | - 0 - | - 0 - |
| 30. TOTAL DISBURSEMENTS<br>(Add 23, 24, 25, 26, 27(c), 28(d) and 29)..... | - 0 - | - 0 - |

**III. CONTRIBUTED ITEMS**  
(Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED  
(Attach List).....

|       |       |
|-------|-------|
| - 0 - | - 0 - |
|-------|-------|

20150101-20150630

**ALLOCATION OF PRIMARY EXPENDITURES  
BY STATE FOR  
A PRESIDENTIAL CANDIDATE**  
(Used Only by Primary Committees Receiving  
or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C00570358

COMMITTEE TO ELECT CHARLES P. ANDREWS III

ADDRESS (number and street)

P.O. BOX 221

GARDNER

CITY

KS

STATE

66030

ZIP CODE

3. NAME OF CANDIDATE

CHARLES P. ANDREWS III

**ALLOCATION BY STATE**

| STATE                | ALLOCATION This Period | TOTAL ALLOCATION To Date |
|----------------------|------------------------|--------------------------|
| Alabama              | 0                      | 0                        |
| Alaska               |                        |                          |
| Arizona              |                        |                          |
| Arkansas             |                        |                          |
| California           |                        |                          |
| Colorado             |                        |                          |
| Connecticut          |                        |                          |
| Delaware             |                        |                          |
| District of Columbia |                        |                          |
| Florida              |                        |                          |
| Georgia              |                        |                          |
| Hawaii               |                        |                          |
| Idaho                |                        |                          |
| Illinois             |                        |                          |

NOTES ON THE COMPOSITION

| STATE          | ALLOCATION This Period | TOTAL ALLOCATION To Date |
|----------------|------------------------|--------------------------|
| Indiana        | 6                      | 6                        |
| Iowa           |                        |                          |
| Kansas         |                        |                          |
| Kentucky       |                        |                          |
| Louisiana      |                        |                          |
| Maine          |                        |                          |
| Maryland       |                        |                          |
| Massachusetts  |                        |                          |
| Michigan       |                        |                          |
| Minnesota      |                        |                          |
| Mississippi    |                        |                          |
| Missouri       |                        |                          |
| Montana        |                        |                          |
| Nebraska       |                        |                          |
| Nevada         |                        |                          |
| New Hampshire  |                        |                          |
| New Jersey     |                        |                          |
| New Mexico     |                        |                          |
| New York       |                        |                          |
| North Carolina |                        |                          |
| North Dakota   |                        |                          |
| Ohio           |                        |                          |
| Oklahoma       |                        |                          |
| Oregon         |                        |                          |
| Pennsylvania   |                        |                          |

NOTES ON COMPOSITION

| STATE          | ALLOCATION This Period | TOTAL ALLOCATION To Date |
|----------------|------------------------|--------------------------|
| Rhode Island   | 0                      | 0                        |
| South Carolina |                        |                          |
| South Dakota   |                        |                          |
| Tennessee      |                        |                          |
| Texas          |                        |                          |
| Utah           |                        |                          |
| Vermont        |                        |                          |
| Virginia       |                        |                          |
| Washington     |                        |                          |
| West Virginia  |                        |                          |
| Wisconsin      |                        |                          |
| Wyoming        |                        |                          |
| Puerto Rico    |                        |                          |
| Guam           |                        |                          |
| Virgin Islands |                        |                          |
| TOTALS         | 0                      | 0                        |

## Page 4

COMMITTEE TO ELECT CHARLES P ANDREWS III

2015

- A. OPERATING EXPENDITURES  
(Line 23, Column B).....
- B. OPERATING OFFSETS  
Line 20a, Column B).....
- C. CURRENT YEAR NET OPERATING EXPENDITURES  
(Subtract Line B from A).....
- D. PRIOR YEAR(S) OPERATING EXPENDITURES .....
- E. PRIOR YEAR(S) OPERATING OFFSETS .....
- F. PRIOR YEAR(S) NET OPERATING EXPENDITURES  
(Subtract Line E from D) .....
- G. FUNDRAISING DISBURSEMENTS  
(Line 25, Column B).....
- H. OFFSETS TO FUNDRAISING DISBURSEMENTS  
(Line 20b, Column B).....
- I. CURRENT YEAR NET FUNDRAISING DISBURSEMENTS  
(Subtract Line H from G) .....
- J. PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS.....
- K. PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS OFFSETS .....
- L. PRIOR YEAR(S) NET FUNDRAISING DISBURSEMENTS  
(Subtract Line K from J) .....
- M. TOTAL NET FUNDRAISING DISBURSEMENTS  
(Add Lines I and L) .....
- N. 20% EXEMPTION  
(20% of Overall Expenditure Limit).....
- O. TOTAL FUNDRAISING DISBURSEMENTS SUBJECT TO LIMIT  
(Subtract Line N from M).....
- P. TOTAL EXPENDITURES SUBJECT TO LIMITATION  
(Add Lines C, F and O) .....

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

|                              |                              |                              |                              |                              |                             |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 16  | <input type="checkbox"/> 17a | <input type="checkbox"/> 17b | <input type="checkbox"/> 17c | <input type="checkbox"/> 17d | <input type="checkbox"/> 18 |
| <input type="checkbox"/> 19a | <input type="checkbox"/> 19b | <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT CHARLES P. ANDREWS III

## A. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

## B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

## C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional)

Total This Period (last page this line number only)

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

~~CHARLES P. ANDREWS III~~ COMMITTEE TO ELECT CHARLES P. ANDREWS III

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

-----

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

-----

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

-----

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

20110301 10:00:00 AM

**SCHEDULE C-P**  
**LOANS**

Use separate schedule(s) for each category of  
the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: ☐ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT CHARLES P. ANDREWS III

LOAN SOURCE Full Name (Last, First, Middle Initial)

NONE

Election:

☐ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

M M / D D / Y Y Y Y

Date Due

M M / D D / Y Y Y Y

Interest Rate

% (apr)

Secured:

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional)

Total This Period (last page this line number only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

LOANS AND LINES OF CREDIT FROM  
LENDING INSTITUTIONS

Supplementary from Information  
found on Page \_\_\_ of Schedule C-P

NAME OF COMMITTEE (in full, type or print)

FEC IDENTIFICATION NUMBER

C00570358

COMMITTEE TO ELECT CHARLES P ANDREWS III

FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)

PO Box 221

GARDNER

CITY

KS

STATE

66630

ZIP CODE

AMOUNT OF LOAN

INTEREST RATE (APR)

%

DATE INCURRED OR ESTABLISHED

DATE DUE

A. Has loan been restructured?

No Yes

If yes, date originally incurred:

B. If line of credit:

Amount of this draw

Total outstanding balance

C. Are other parties secondarily liable for the debt incurred?

No Yes

(Endorsers and guarantors must be reported on Schedule C-P.)

D. Are ANY of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?

No Yes

If yes, specify:

What is the value of this collateral:

Does the lender have a perfected security interest in it?

No Yes

E. Are any future contributions or future receipts of interest income, or future receipts of public financing pledged as collateral for this loan? No Yes

If yes, specify:

What is the estimated value?

A depository account must be established pursuant to

11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established:

Location of account:

Date debtor authorized the Secretary of the U.S. Treasury to make direct deposits of public financing payments to the depository account:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and demonstrate that it assures repayment.

G. Type or Print Name of Committee Treasurer

LONNIE R COX

Signature of Treasurer



Date

07 / 13 / 2015

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

1. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
2. The loan was made on terms and conditions (including interest rate) no more favorable at the time that those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
3. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth in 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

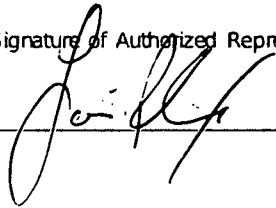
Type or Print Name of Authorized Representative

LONNIE R COX

Title

TREASURER - KEEPER OF RECORDS

Signature of Authorized Representative



Date

07 / 13 / 2015

# SCHEDULE D-P

## DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE OF

FOR LINE NUMBER:  
(check only one)

11  
12

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT CHARLES P. ANDREWS III

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

PO BOX 221

Mailing Address

City

State

Zip Code

GARONET KANSAS 66030

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page this line number only)

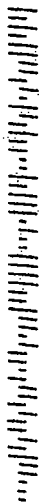
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

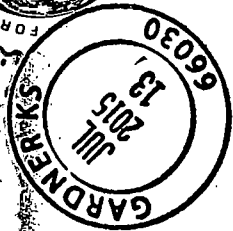
|    |
|----|
| 10 |
| 10 |
| 6  |
| 4  |

to to EAST OPA

Box 2  
Rear 18



UNITED STATES POSTAL SERVICE



FEDERAL ELECTION COMMISSION  
999 E. Street. N.W.  
WASHINGTON. D.C.  
20463

RECEIVED  
FEC MAIL CENTER  
2015 JUL 28 AM 9:27

Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

|  |   |
|--|---|
| <input type="checkbox"/> Hand Delivered                                    | Date of Receipt                                     |
| <input checked="" type="checkbox"/> USPS First Class Mail                  | Postmarked<br>7/13/15                               |
|  | Date of Receipt<br>7/28/15                          |
| <input type="checkbox"/> USPS Registered/Certified                         | Postmarked (R/C)                                    |
| <input type="checkbox"/> USPS Priority Mail                                | Postmarked  |
| <input type="checkbox"/> USPS Priority Mail Express                        | Postmarked  |
| <input type="checkbox"/> Postmark Illegible                                |   |
| <input type="checkbox"/> No Postmark                                       |   |
| <input type="checkbox"/> Overnight Delivery Service (Specify):             | Shipping Date                                       |
|  | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt                                     |
| <input type="checkbox"/> Received from Senate Public Records Office        | Date of Receipt                                     |
| <input type="checkbox"/> Received from Electronic Filing Office            | Date of Receipt                                     |
| <input type="checkbox"/> Other (Specify):                                  | Date of Receipt or Postmarked                       |

  
PREPARER

7/28/15  
DATE PREPARED